

15CV1957

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKErnesto Delgado

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

New York City Department of  
Correction  
Captain Baily 3pm to 11pm all tours  
Captain Sheldon 11pm 7am tour  
Officer Jackson 3pm-11pm tour  
Correctional Officer Anderson 11am-  
7am tour on all these days  
Warden Moses, Warden of  
Manhattan Detention Complex  
Captain Jaquez 7am to 3pm on all days

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## COMPLAINT

under the  
 Civil Rights Act, 42 U.S.C. § 1983  
 (Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
 (check one)

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## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Ernesto Delgado  
 ID # 2411208245 / NYSDA: D88808141  
 Current Institution Manhattan Detention Complex  
 Address 125 White Street 5 West 15 Lower  
New York, N.Y., 10013

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Captain Baily Shield # \_\_\_\_\_  
 Where Currently Employed D.D.C. / Manhattan Detention.  
 Address 125 White Street  
New York, NY, 10013

Defendant No. 2 Name Captain Sheldon Shield # \_\_\_\_\_  
 Where Currently Employed D.O.C. / Manhattan Detention Complex  
 Address 125 White Street  
New York, N.Y., 10013

Defendant No. 3 Name Officer Jackson Shield # \_\_\_\_\_  
 Where Currently Employed D.O.C. / Manhattan Detention Complex  
 Address 125 White Street  
New York, N.Y., 10013

Defendant No. 4 Name Correctional Officer Anderson Shield # \_\_\_\_\_  
 Where Currently Employed D.O.C. / Manhattan Detention Complex  
 Address 125 White Street  
New York, N.Y., 10013

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
Manhattan Detention Complex  
125 White Street New York, N.Y. 10013

B. Where in the institution did the events giving rise to your claim(s) occur?  
6 North Housing unit

C. What date and approximate time did the events giving rise to your claim(s) occur?  
1/17/15 @ 12:50 pm to 12:50 pm  
1/18/15 24 hrs  
1/19/15 24 hrs

What happened to you?

D. Facts: After my visit with my father I arrived @ my Housing @ approximately 12:50 pm on the 11/17/15 I and everyone one else was told to Lock in Later that day we was told it had been a (TSO).

Who did what?

Captain Baily Denied us Hygiene products like toilet paper  
Captain sheldon falsified paper work  
Officer Jackson did not afford us Breakfast  
Officer Anderson pushed out the food wagon

Was anyone else involved?

Victor apont Ernesto Delgado Ramel bond  
Ronald Gonzalez

Who else saw what happened?

Everyone else in the Housing unit

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Cruel and unusual Punishment. Deprivation of Constitutional guarantee rights Hygiene products No showering malnutrition mental distress mental anguish pain & suffering Insecurity of my imprisonment, the use of telephone

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Manhattan Detention Complex 6 north 2 upper

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Manhattan Detention Complex 5 West 15 Lower

1. Which claim(s) in this complaint did you grieve? all See exhibit B.

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Department of investigation

Center for Constitutional Rights Board of Correction

Prisoner's Right Project

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

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[illegible]

**V. Relief:**

Blank lined paper.

**On these claims**

Yes \_\_\_\_\_ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Ernesto Delgado

Defendants Brooklyn Detention Complex

2. Court (if federal court, name the district; if state court, name the county) Brooklyn

3. Docket or Index number —

4. Name of Judge assigned to your case —

5. Approximate date of filing lawsuit 2/3/15

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition —

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) —

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes ☒ No ☐

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Ernesto Delgado

Defendants Manhattan Detention complex

2. Court (if federal court, name the district; if state court, name the county) New York

3. Docket or Index number —

4. Name of Judge assigned to your case —

5. Approximate date of filing lawsuit 12/22/15

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition —

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) —

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18<sup>th</sup> day of February, 2015

Signature of Plaintiff

Inmate Number

Institution Address

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

**CIVIL RIGHTS COMPLAINT**  
**42 U.S.C. § 1983**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
Ernesto Delgado 2411208245  
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY DEMAND

YES ☒ NO ☐

-against-

Captain Bailey, Captain Shuldon  
Warden Moses, Officers Anderson & Jackson  
Captain Jacques

Enter full names of defendants

[Make sure those listed above are  
identical to those listed in Part III.]

Defendants.

-----X  
I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No ( )
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

3. Docket Number: \_\_\_\_\_



4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: Manhattan Detention Complex

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (☒) No ( )

C. If your answer is YES,

1. What steps did you take? I made the Complaint  
waited then filed with other agency

2. What was the result? \_\_\_\_\_

D. If your answer is NO, explain why not \_\_\_\_\_

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No ( )

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_

2. What was the result? \_\_\_\_\_

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Ernesto Delgado  
Address 125 White Street Sweet 15L NY, NY, 10013

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

The New York City Department  
of Correction of the State of  
New York;

Defendant No. 2

Captain Bailey (female)  
Worked 3pm to 11pm tour

Defendant No. 3

Captain Sheldon (male)  
worked 11pm to 7am tour

Defendant No. 4

Correction officer Jackson (male)  
Worked 3pm to 11pm tour

Defendant No. 5

Correctional officer Anderson (male)  
Worked 11pm to 7am tour

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

See Exhibit B

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Cruel and unusual Punishment, Deprivation of Constitutional guaranteed Rights Hygen products Deprived of Shower malnutrition mental Distress mental anguish, pain & Suffering, InSecurity of my imprisonment, the Non-use of a telephone

No medical treatment was provided, I required mental Health treatment.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

as a Compensation for the department and it's  
workers provide a memo with the proper procedures  
and as well an explanation of what's going on  
within the Facility.  
along with Seventy thousand dollars for all  
that I inhabited (\$70,000.00)

I declare under penalty of perjury that on 2/19/2015, I delivered this  
(Date)  
complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 19<sup>th</sup> day of February, 20 15 I declare under penalty of  
perjury that the foregoing is true and correct.



Signature of Plaintiff

Manhattan Detention Complex  
Name of Prison Facility

125 White Street  
New York, NY, 10013

Address

241-12-08245

Prisoner ID#



Exhibit 4

City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Ernesto Delgado</i>	Book & Case #: <i>2411208245</i>	NYSID # (optional): <i>08880814J</i>	
Facility: <i>M. D. C.</i>	Housing Area: <i>5 West</i> <i>Incident took place @</i> <i>6 North</i>	Date of Incident: <i>11/7/15, 11/18/15</i> <i>11/19/15</i>	Date Submitted: <i>2/18/15</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

*See attachment*

Action Requested by Inmate

*See attachment*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature: *[Signature]*Date of Signature: *2/18/15***For DOC Office Use Only**

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

FORMAL COMPLAINT/ GRIEVANCE *Exhibit B*

TO: Grievance Office/Inspector General's Office/Prisoner's Rights Project/Center for Constitutional Rights/Department of Investigat

From; *Ernesto Delgado*

date: 2/18/2015

Inmate# *24112 08245*

Related Dates 1/17/2015, 1/18/2015, 1/19/2015

Re: Cruel and unusual Punishment, Deprivation of Constitutional guaranteed Rights, Deprivation of Access of Toilet paper and other Hygiene Essentials, Deprived of food Telephone use Denial Access to higher authority figures like Deputy, Wardens Etc To inform us of the situation. Causing me mental anguish, mental distress and insecurity within the department of corrections system.

I am hereby writing this complaint under mental duress for fear of retaliation in the form transfers assaults or any type of harassments.

(1) At approximately 11:30 a.m on 1/17/2015 an alarm was sounded due to a riot altercation that occurred in the housing unit 7 North housing unit 6 north along with the rest of the other units were locked down.

(2) It was later that the housing unit 6 north learned that (tso) had been called and we would not be locking back out of our cells until the next day or so.

(3) With that knowledge a request was made for there to be a porter to be let out for the purpose of passing out toilet paper.

(4) Although we were informed That tissue would be given out shortly. that basic request was not met.

(5) At approximately 5:00 a.m. when no toilet paper had been issued to anyone in the unit another request for toilet tissue was made as well as a request was made for a 10 min shower these request were subsequently denied also.

(6) At approximately 10:30 a.m. one (1) Detainee took a stand and refuse to lock in his cell after being locked out for medical reason. He stated "i will lock in only when i get toilet paper" and also i would like to speak to a Assist. Deputy.

(7) Within 30 min. or so Captain Jacquez arrived at the unit attempting to persuade the detainee to lock back in his cell because he now allegedly holding up the institutional program then he finally lock in his cell with a promise from the captain that we will all get tissue.

(8) However after Captain Jacquez left the housing unit another Captain arrived after no tissue had been issued and made a negative remark to the house by state this "use your sheets and towel wipe our behinds" that was said by Captain baily

(9) Finally when the tissue was bought to us there was only enough for 7 to 8 people and the showers were still denied.

(10) At 4:30 that evening the meal was delivered to the unit however I was never asked if i wanted to eat or not

*Next page*

it was just said and was denied chow when i never refused it i asked to speak to the captain or a deputy to find out what was going in the facility.

(11) Thier was acontinued request to be fed by this wirter which was denied.

(12) Having no otherc chouice i was forcede to go to sleepo hungry.

(13) Upon awaking on sunday 1/18/2015 that morning once again i was denied to eat food by officer Anderson, However at no time did anyone come to my cell and offered me any food to eat because the said officer pushed the food cart out the housing unit.

(14) Finally on Monday at approximately 8:53 a.m. of 1/19/2015 the unit of 6 north was taken off of this unjust lockdown, under- which it had been a full 24 hrs that we were denied food and appr oximately 40 hrs. without toilet tiassue shoowering, when the majo rity of the population had not violated and of the rules and regulations. Yet our families were unjustly worried about us, our legal actions hindered and no redress was never discussed

(15) Furthermore when a request to know who had denied us our morning meal it was revealed that captain sheldon had falsified offical records stating that the housing unit had been afforded the morning meal.

(16) These said deprivation to me caused this writer undue hard ship, mental, emotional and physical anguish, mental distress and sever shame and further more caused my family worries.


(17) Furthermore, upon the release from lockdown the phone system was changed and has been dropping our phone calls to our famliess so that we dont tell them what is going on , this drop ing of the calls cost us 64¢ adding frustration to us and our fam ilies so that we dont keep contact with anyone from the outside.

#### ACTIONS SOUGHT:

This writer would like a system in place by memo or other offical documents with the accurate information of a (TSO) and lockdowns, that will punish those who violate the procedures and or atleast have an offical of correctoins department inform us of the situti on at hand and trhe lenght oif time that we are going to be on lockdown will be. If the housing unit is not involed in the roit of said disturbance that after 24 hrs. we be allowed to shower fo 10 mins. and 6 mins on the phone to call our families just to let them know we are fine and also be given toilet tissue, and to als have theright to refuse the meal that is suppose to be afford to us.

Last but not least i be like to be compensated in the sum of seve nty thousand dollars (70,000) forthe ten things about to be said for PAIN AND SUFFERING, CRUEL AND UNUSUAL PUNISHMENT, MENTAL ANGUISH AND MENTAL DISTRESS, POOR HYGINE AND LACK OF HYGINE PRODUCTS, THE VIOLATION OF MY CONSTITUTIONAL

GARANTEED RIGHTS, INSECURITY OF MY INPRISONMENT, AND THE USE OF VIA TELEPHONE WAS DENIED. ALSO OF DEPRIVTION OF MEALS...

Truelf Yours  
  
 Ernesto Delgado  
 0411208245



Ernesto Delgado 241 12 08245  
Manhattan Detention Complex  
125 White Street 5 West 15 Lower  
New York, NY, 10013

Pro Se  
3/10/15

To: The United States District Court  
500 Pearl Street  
NY NY 10007

